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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/618,092
Filing Date	July 11, 2003
First Named Inventor	Lieblich
Art Unit	2127
Examiner Name	Not yet assigned
Attorney Docket Number	RFS-001

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Responsibility for application has been transferred to another firm

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	John D. Lanza				
Address	Choate, Hall & Stewart Two International Place				
City	Boston	State	MA	Zip	02110
Country					
Telephone	(617) 248-4801			Email	jlanza@choate.com
Signature					
Name	Jason P. Fiorillo		Registration No.	52,892	
Date	June 2, 2006		Telephone No.	(617) 261-3186	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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